PART B -FEE(S) TRANSMITTAL

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appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying 7590 08/30/2010 papers. Each additional paper, such as an assignment or formal drawing, must KILPATRICK STOCKTON LLP 607 14th Street, NW have its own certificate of mailing or transmission. Certificate of Mailing or Transmission Suite 900 I hereby certify that this Fee(s) Transmittal is being deposited with the United Washington, DC 20005 States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Demography name (Signatur APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/589.363 08/14/2006 Dan Pitulia 62367-394155 6823 TITLE OF INVENTION: ANTI-STUTTERING DEVICE APPLN. TYPE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE ISSUE FEE Non-Provisional \$1,510.00 \$300.00 \$1,810.00 11/30/2010 EXAMINER ART UNIT CLASS-SUBCLASS HOPKINS, Christine D. 3735 600-023000 Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list (I) the names of up to 3 registered patent Address" (37 CFR 1.363). 1 Kilpatrick Stockton LLP attorneys or agents OR, alternatively, Change of correspondence address (or Change of (2) the name of a single firm (having as a member Correspondence Address form PTO/SB/122) attached. a registered attorney or agent) and the names of "Fee Address" indication (or "Fee Address" Indication up to 2 registered patent attorneys or agents. If no form PTO/SR/47: Rev (13-02 or more recent) attached name is listed, no name will be printed. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cochlear Limited Lane Cove, Australia Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): x Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Advance Order -# of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number II-0855 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature /Michael G. Verga/ Date November 30, 2010

Michael G. Verga

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Typed or printed name